

OVERLACH (M.)

# "Migranin"

An approved Remedy in the severest  
Cases of Migraine.

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By

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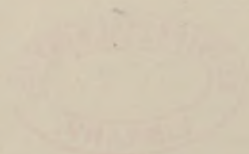


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OVERLAP (M.)

"Migraion"

at the end of the road in the center  
of the road in the center



## "Migranin"<sup>1)</sup>

An approved Remedy in the severest Cases of Migraine.

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In the flood of new remedies antipyretics and neurotics outnumber tonics and similar preparations. Comparatively few of these have proved so valuable on practical trial as to have been followed with regret into the sea of oblivion. Amongst the few that have retained a permanent position in medicine since the autumn of 1883, a full decade, Dr. Knorr's Antipyrin takes rank in spite of the overwhelming crowd of discoveries that have followed it. Not only so, but in carefully selecting remedies, both old and new, it occupies a foremost position. This distinction is due both to the manifold applications and to the prompt action of Dr. Knorr's Antipyrin. As a febrifuge and as a neurotic, but especially as a brain remedy, its value is equally recognised; its activity in cases where other compounds of the same class fail, is firmly established. But whilst estimating Antipyrin at its full value and appreciating the indications for its administration, it must be admitted that its valuable remedial qualities have a fixed limit even in directions where its most brilliant success has been achieved. The severest cases of migraine stand outside these bounds. Such cases, whether they arise from vasomotoric anomalies of the sympathetics, or from other untouched pathological-anatomical or physiologico-chemical conditions, or combinations of both, or from quite unknown causes, always afford the same picture of agonising sufferings that for years recur at periodic intervals with like severity and bring the patients to the verge of distraction. Every suggested remedy has been tried; none have proved effectual, not even to afford a degree of relief. I have set myself the task of discovering a reliable remedy for these severe cases of megrims. To this end I have sought to supplement the action of Antipyrin and have not only tried the most varied compounds of Antipyrin with other compounds of similar action, but have included in my practical experiments many different quantitative proportions of these compounds. The problem I now consider solved. The required action in severe, even in the most severe, cases of Migraine is attained in Migranin.

Migranin is a combination of Knorr's Antipyrin with citric acid, with addition of caffeine, in certain definite proportions which I shall refer to later. Consequently Migranin may be described as a citrate of Antipyrin-caffeine. The exact percentage of the compounds combined in Migranin is not only of considerable importance in determining the surpassing activity of this medicament, but is a *conditio sine qua non*! The assumption that this desirable result is due to the production of a new chemical compound is not yet warranted. For the present I am content to describe Migranin as a chemical mixture. Investigations as to the action of citric acid on antipyrin, as well as

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<sup>1)</sup> Sole Manufacturers: „Farbwerke vorm. Meister Lucius & Brüning, Höchst on the Maine“.



in respect to the subsequent history of Migranin in the organism, are still in progress. In the meantime it is sufficient to know from what Migranin is prepared, what it contains, who prepares it and what its action is. When a medicament exhibits a definite specific action of practical value depending upon the exact proportion of its component parts, its composition is correctly expressed by a distinctive name. If it contains chemical substances, the quality of which may vary in spite of analytical agreement, it is equally advisable to make its preparation a monopoly. Caffeine especially exhibits considerable differences in its action, dependent upon differences in the quality of the caffeine preparations in the market.

Migranin is prepared solely by the „Farbwerke vorm. Meister Lucius & Brüning, Höchst on the Maine“. The reputation of this firm guarantees for careful procedure in the manufacture, and for the purity and equality of the constituents of Migranin, upon which its value depends. It is therefore advisable always to prescribe "Migranin Hoechst".

I have tried Migranin for five years. The number of very severe cases that I have treated with the remedy is a very large one. During the whole five years I have not encountered a single failure. On this experience I base my conviction that Migranin is a reliable remedy in the most persistent and violent cases of migraine, where all others, including antipyrin, are useless. I must confine myself to the clinical histories of a few patients.

Case I. Mrs. E. H., 47 years old. For the last 15 years the patient has suffered from most violent migrains. The pain first presents itself on one side, spreads over the whole of the forehead and locates itself on the other side. It always commenced a few days before the menstrual period, whilst menstruation continued. The menopause set in three years ago. Since then the attacks recurred with equal violence every fortnight, and lasted two days and nights. Whilst they lasted the patient lies in bed, and buries her head in the pillows in order not to see or hear anything. The slightest jar or even a heavy footstep in the room increases the pain beyond self-control. Vomiting seldom occurs, but nausea is always present. All food is refused and wisely. On one occasion the attack lasted eight days. According to the patient's own statement all possible remedies had been tried but all had failed. Migranin was prescribed. In the early morning as soon as the symptoms of an approaching attack made themselves felt, 17 grains of the powder was ordered to be taken dissolved in a quarter of a tumbler of water; if necessary a second powder two hours later. Result: The patient took Migranin for the first time in August 1892; since then an attack of migraine has never developed. As soon as the patient observes one coming on, which makes itself evident by a frequent desire to yawn, she at once takes 17 grains Migranin. Up to the present one powder has always sufficed to avert a threatened attack (about 26 times in 13 months).

Case II. Mrs. A. M., 39 years old. For the last twelve years a very violent hemicrania of the right side, (not of the left), always accompanied by vomiting. The attack sometimes precedes, at other times follows menstruation. In former years an attack lasted a day and a night. On account of the pain and sickness patient was always obliged to lie up. During the last two years the attacks have increased in violence, and now last for three days and three nights. The patient says she "has been everywhere", "has tried everything",

"has taken everything" but all in vain. Amongst the non-successful drugs mentioned are: caffeine, morphine, quinine, antipyrin. Gynæcological as well as general examination reveals no pathological condition. Prescription: "Migranin. A powder of 17 grains Migranin to be taken dissolved in a quarter of a tumbler of water at the commencement of an attack. A second dose if necessary at the end of two hours, and a third two hours subsequently." Result: Four months afterwards the patient presented herself again and reported that she had been unable to take the powder before the commencement of the attacks as she had been awakened with the pain in the morning. Then she had taken one powder and on each occasion the pain had disappeared completely in the course of the next half-hour. If pain occurred during the menstrual period she took every time one powder; a second or third powder she had never required. At other times if any pain was present on awakening she took only half a powder. Even that was sufficient on each occasion.

Case III. Miss E. O., 36 years old. From six to sixteen years of age she had every eight weeks a violent headache always on the left side, commencing in the afternoon, and persisting through part of the night, but entirely disappeared by the morning. The attacks increased in frequency, duration and intensity from year to year. They always appeared after menstruation, which was never regular; also after inhalation of any penetrating odours, as chloroform, benzene, turpentine, tar or carbolic acid. At irregular intervals from sixteen years of age upwards, attack varying in length from one to eight days. The patient awakes in the mornings with a violent pain always in the left temple, and an uncomfortable feeling in the stomach, both of which increase simultaneously with an excessive sensitiveness toward light and noise. At 10 o'clock in the morning the patient is always compelled to return to bed, becomes shivering fits and cannot enjoy any food. At two o'clock in the afternoon a feverish heat is developed in the hands and head, and the whole body is in a state of disquietude. The pain in the left side of the head gradually extends to the nape of the neck and both increase to an unbearable degree. Towards 5 or 6 o'clock in the evening vomiting sets in and is repeated several times. For two hours longer the pain continues to rage, markedly affecting the senses, and then a slight abatement commences. With one day attacks the headache has disappeared by about three o'clock in the morning, when painful sensations present themselves in the back and abdominal parts. The quantity of urine during the migraine attacks is very much increased. The urine is bright, colourless and thin; the following day it is thick, scanty and turbid. The treatment adopted was of a very manifold character; it was changed with different diagnoses of "Anæmia and general nervous debility", "spinal affections", "degeneration of the uterine mucous membrane", "cystic degeneration of the ovaries", "floating kidney and chronic degeneration of this organ". In chronological order the treatment adopted was: Tonics, air-cures, galvanic appliances, residence by the sea combined with warm sea-baths, abrasion of the uterus, ovariectomy (1887), as well as prescriptions of morphine, quinine, caffeine, sodium chloride, phenacetin, antipyrin. All without result! Drugs only increased the violence of the attacks and the subsequent general malaise. Finally after the diagnosis of floating kidney by a colleague, the disturbances of the digestive functions of stomach and intestines were mitigated by suitable trusses, Priessnitz bandages and salt baths and the general condition thereby considerably improved. But the



migraine still continued with unabated violence. Against this I prescribed in February last: "Migranin. At the commencement of an attack a powder of 17 grains Migranin to be taken in water. If necessary a second dose in two hours time." Result: A quarter of an hour after taking Migranin the pain on each occasion completely disappeared. The patient never required more than one powder. One morning the patient woke with a very violent pain and a tendency to immediate vomiting; after the nausea had subsided she took about 10 o'clock in the forenoon whilst the pain was at its height, one Migranin powder; the pain ceased immediately and completely. Sometimes the headache in the morning was so slight that the patient thought it unnecessary to take a powder. Towards 4 o'clock in the afternoon the headache suddenly became severe. The patient then took a Migranin powder, and the attack was over. In July the patient had four teeth extracted under chloroform. As previously when chloroform had been inhaled, an attack of migraine came on subsequently, on this occasion on the third day. The patient took a Migranin powder and the pain ceased. Since then the migraine has not appeared (July to October).

Case IV. Mrs. M. R., 48 years old. The patient has suffered from violent megrims ever since she can remember. Even when six years old severe headaches were experienced. At the commencement of menstruation the patient always had an attack of megrims about the time of her periods, but during the last twelve years they have occurred also during the intervals. During five pregnancies migraine occurred just as often as during the time that the patient menstruated. The attacks are always of a most violent character. On each occasion the patient lies helpless for three days and three nights. Vomiting, unbearable headache and excessive sensitiveness to all noises. Psychological excitement induces an attack. Patient is otherwise of healthy sound constitution, of imposing appearance, and completely free from any gouty or hysterical tendencies. Patient, whose seven sisters are said to suffer from migraine in like manner (a family failing), has tried all remedies suggested, including such drugs as morphia, opium preparations, chlorine, bromine and iodine compounds, chloral, quinine, caffeine, phenacetin, antipyrin, codeine and others. Patient believes to have obtained slight relief by bandaging the forehead slightly and sleeping with a linen cloth around the head. In the summer of 1891 I prescribed Migranin. "On approach of an attack a powder of 17 grains Migranin to be taken in a quarter tumbler of water. A second dose two hours afterwards if necessary, and a third on occasion". Result: For more than two years since the adoption of the remedy by the patient not a single attack of migraine has developed. Up to the present the patient has not required more than one powder on each occasion.

Case V. Miss E. R., 18 years old, daughter of the above patient. The same complaint as the mother. Similar treatment with Migranin. Like effect. The patient is freed from the attacks.

From the preceding histories of very severe cases of migraine it is evident that Migranin is not only effectual at the commencement of an attack in warding it off, but that it develops its full remedial effect in the midst of an attack; the patients are freed from the maddening headache. But it has moreover the further effect, as is apparent from case III, the most severe case of all, of diminishing the frequency of threatened attacks. As regards the practical em-

ployment of Migranin it may be mentioned that the proportion of caffeine is only 9 parts of caffeine in 100 parts of Migranin, that is to say in 17 grains of Migranin there is only the sixth part of the maximum single dose of caffeine, and one-eighteenth of the maximum daily dose. In my five years' practical experience with Migranin I have decided that 17 grains is the best quantity for a single adult dose. It is certainly rather an awkward figure, but it has its practical guarantee, and I recommend it warmly. I administer this modest dose of 17 grains Migranin dissolved in water at intervals of two hours. Of course it can also be administered with correctives of taste added to the solution. Only in one case was on one occasion three doses pro die required. In the majority of cases a single powder sufficed. When possible it is advisable, at least in cases of very severe migraine, to allow the patient to rest quietly for one hour after administration.

The name Migranin may give rise to the impression that Migranin is useful solely against migraine. That is by no means the case. I shall refer to its great value in headache accompanying definite etiology, as well as in the headache of influenza and of nicotine and morphia poisoning, and to its importance as a febrifuge, on a future occasion.

Appendix: The price of Migranin would be very high if made up by individual dispensers, the price of antipyrin, citric acid and caffeine and the dispensing fee being reckoned. At such prices it would not come into general use. This drawback is remedied by the laudable action of the manufacturers in meeting the difficulty. If "Migranin-Hoechst" is ordered in the prescription, the ready-made preparation can be supplied by the chemist at the ordinary price of antipyrin.

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Manufactured by  
**Farbwerke vorm. Meister Lucius & Brüning**  
**Hoechst o. Main (Germany.)**

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Sole agents for the United States of America:  
**Schulze-Berge & Koechl**  
**79 Murray Street — NEW-YORK.**

